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CONFIRMATION NO. 8249

<b>SERIAL NUMBER</b> 10/759,811	<b>FILING OR 371(c) DATE</b> 01/16/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 039US1
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## APPLICANTS

Patrick Miles, San Diego, CA;  
 Scot Martinelli, San Diego, CA;  
 Eric Finley, San Diego, CA;  
 James Gharib, San Diego, CA;  
 Allen Farquhar, San Diego, CA;  
 Norbert Kaula, Arvada, CO;  
 Jeffrey Blewett, San Diego, CA, Deceased;  
 Goretti Medeiros, Plantsville, CT, Legal Representative;

\*\* CONTINUING DATA \*\*\*\*\* JSW  
 This appln claims benefit of 60/440,905 01/16/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* JSW  
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 04/20/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Jonathan Wern</i> Initials <i>JSW</i>				

## ADDRESS

30328

## TITLE

Surgical access system and related methods

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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